Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00810

CERTIFICATE OF DEATH

FILM No. G 1 2 MAR 6 1950

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 Hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) E. (Last) Bergman.
4. DATE OF DEATH (Month) Jan. (Day) 31 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept 23, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mr Edward Streets
14. MOTHER'S MAIDEN NAME Catherine E. Casperson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. no Unknown
17. INFORMANT Mr Wm M. Bergman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia — Primary cause (3/3/50 O.S.)	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	?
	(c) Diabetic Acidosis	1 wk.

490X
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/31, 1950, to 1/31, 1950, that I last saw the deceased alive on 1/31, 1950, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Shepard Kech Jr (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 1/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/2/50.
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State)

DATE REC'D BY LOCAL REG. 2/1/50
REGISTRAR'S SIGNATURE N. H. Neerees
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

260

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118

00811

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethlehem Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr Chas (Middle) Blades (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 24 1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr William Blades

14. MOTHER'S MAIDEN NAME: Margaret Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs Minnie Blades

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X Immediate cause (a) Uremia, due to arteriolar nephrosclerosis — Interval Between Onset and Death: 2 months

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chronic rheumatoid arthritis — 4 years

(c) Hypertrophy of prostate (benign) — 1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1949 to Jan 24, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas F. Schneider, Easton, Md. Jan 25, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/26/50 | NAME OF CEMETERY OR CREMATORY: Jr. Order | LOCATION (City, town, or county) (State): Preston Md

DATE REC'D BY LOCAL REG.: 1/25/50 | REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: J. M. Hollis | ADDRESS: Preston, Md.

RECEIVED
JAN 30 1950
BUREAU V. S.

1/1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00812

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, RD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Solomon (Middle) H. (Last) Brewington
4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1950
5. SEX Male.
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 25, 1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Worker
10b. KIND OF BUSINESS OR INDUSTRY Rail Road
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Solomon R. Brewington
14. MOTHER'S MAIDEN NAME Althea Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No. ~~Unknown~~ 717-09-2744
17. INFORMANT Margaret Brewington, Federalsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: 4 days

124 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Liver cirrhosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1949, to 1-9, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at 5 35 P.m., from the causes and on the date stated above.

SIGNATURE James McC. Finney (Degree or title) MD ADDRESS Memorial Hospital, Easton, Md. DATE SIGNED 1-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/13/50
NAME OF CEMETERY OR CREMATORY Federal Hill
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REG. 1/10/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. J. Frampton Son Federalsburg ADDRESS

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00813

Reg. Dist. No. 290

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Maryland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1109 Green Street Mercer Mercer Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) A. (Last) Burkett

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 28, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months — Days 18. If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee of Delaware Express Corp.

10b. KIND OF BUSINESS OR INDUSTRY: Truck Works

11. BIRTHPLACE (State or foreign country): Carolina County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J. Fred. Burkett

14. MOTHER'S MAIDEN NAME: Fanny Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: Mrs. Lola L. Burkett 1109 Green St. Mercer Mercer Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Immed

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased~~ from ~~[illegible]~~ resp to ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Louis J. Neely (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 1-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: January 19, 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton, (State) Maryland

DATE REC'D BY LOCAL REG. 1/18/50 — REGISTRAR'S SIGNATURE: N. H. Reames

24. FUNERAL DIRECTOR: Allen Clark — ADDRESS: Easton Md.

496-60

RECEIVED
JAN 25 1950
BUREAU V. S

00814

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 2 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Maryland
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Elben

4. DATE OF DEATH (Month) (Day) (Year) January 17 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N. B.

8. DATE OF BIRTH January 17, 1950

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fletcher Cooper Elben

14. MOTHER'S MAIDEN NAME Evelyn Lee Cronshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Evelyn Elben

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

750X Immediate cause (a) Anencephalic Monster — Pre-natal

157C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Baby lived about 2 minutes.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-, 1950, to 1-17-, 1950, that I last saw the deceased alive on 1-17-, 1950, and that death occurred at 5 05 p m., from the causes and on the date stated above.

SIGNATURE P E Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 1-19-50.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 1/18/50

NAME OF CEMETERY OR CREMATORY Memorial Hospital

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 1/18/50

REGISTRAR'S SIGNATURE N. H. Nevius

24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

2-0-1-17-0-29-2-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00815

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 402 S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Sabbatti (Middle) (Last) Fox.

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Widowed.	Unknown	88 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None		?

13. FATHER'S NAME: Mordecai Fox

14. MOTHER'S MAIDEN NAME: Rachel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Mr Elmer Fox, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis, generalized	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amaurosis, Bilateral — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1949, to 1-4-, 1950, that I last saw the deceased alive on 1-3-, 1950, and that death occurred at 1:58 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M Cox	M-D.	Easton, Md	1-4-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Interred	1-5-50	Hebrew Beth Jacob	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/50	M.H. Nevins	Jack Lewis & Sons	2100 Eutaw Pl Balto. Md.

RECEIVED
JAN 13 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00816

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton R 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Gary

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1950

5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH Dec 7 1873 | 9. AGE last birthday 76 yrs. | If under 1 year: Months 5 Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer | 11. BIRTHPLACE (State or foreign country) Talbot County | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Gary | 14. MOTHER'S MAIDEN NAME Emeline Benjamin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT Albert Gary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis. — 1 dy

420.1 / 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis. — 1 month
(c) Generalized Arteriosclerosis. — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1949, to 1-24, 1950, that I last saw the deceased alive on 1-23, 1950, and that death occurred at 12:34 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace I. Beard Med. 408 Washington St. Easton Md 1-25-50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF Jan. 26 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton | (State) Md

DATE REC'D BY LOCAL REG. 1/25/50 | REGISTRAR'S SIGNATURE N.H. Harris | 24. FUNERAL DIRECTOR H. Albert Bell | ADDRESS Easton Md

15675

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00817

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) All of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 Port Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 135 Port Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Gibson

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 14, 1909

9. AGE last birthday: 40 yrs. If under 1 year: Months 9 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton Talbot Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wes Copper

14. MOTHER'S MAIDEN NAME: Annie Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary Tines 687 Druid St. Baltimore 1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immed.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at c. 1730A m., from the causes and on the date stated above.

SIGNATURE: Louis A Welby M.D. (Degree or title) D McE ADDRESS: Easton Md DATE SIGNED: 1-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: Jan. 6 1950 NAME OF CEMETERY OR CREMATORY: Hammondtown LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REG.: 1/4/50 REGISTRAR'S SIGNATURE: D. A. Reeves

24. FUNERAL DIRECTOR: Maurice F. Newnam & Son ADDRESS: Easton, Md. 9899

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00818

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman — LENGTH OF STAY (in this place) 78 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Green			4. DATE OF DEATH (Month) ? (Day) 1 (Year) 8 1950	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH about 1871	9. AGE last birthday c78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 223-204-259		17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.9 Immediate cause (a) Accidental drowning — Immed

Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body recovered 1-10-50

(c) Avalon Md

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Barrack	(CITY OR TOWN) m Tilghman	(COUNTY) Talbot	(STATE) Md
TIME OF INJURY (Month) ? (Day) 1 (Year) 8 (Hour) 50 ? m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? fell overboard & drowned		

22. I hereby certify that I ~~attended the deceased from~~ Inquiry, to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis S Wratty MD.	D ME.	Easton Md	1-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 1-11-49	NAME OF CEMETERY OR CREMATORY City Morgue	LOCATION (City, town, or county) (State) Baltimore City Md
DATE REC'D BY LOCAL REG. 1-16-50	REGISTRAR'S SIGNATURE R. W. Hedrick Jr.	24. FUNERAL DIRECTOR J. Leeds Moore	ADDRESS Tilghman Md

CANDLER MEDICAL SCHOOL JAN 12 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00819

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford
LENGTH OF STAY (In this place): All of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Willard (Middle) Orlington (Last) Greenhawk

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 8, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months 6, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewistown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wesley Greenhawk

14. MOTHER'S MAIDEN NAME: Annie Clifton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-16-9379

17. INFORMANT: Mrs. Willard A. Greenhawk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 12 hrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular-Renal — 1½ yrs

131a

(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1948, to Jan 15, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 10:15 A.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. K. Lawson	M.D.	Oxford Md	1/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/50	Oxford Cemetery	Oxford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/17/50	[illegible]	Maurice F. Newnam & Son	Easton, Md.

98699

RECEIVED
JAN 25 1950
BUREAU V. S.

00820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 312 S. Aurora St.

3. NAME OF DECEASED (Type or Print) (First) Harvey (Middle) (Last) Horsey

4. DATE OF DEATH (Month) January (Day) 18 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 13 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Easton Utilities
10b. KIND OF BUSINESS OR INDUSTRY Sewer Dept.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Elmer E Horsey
14. MOTHER'S MAIDEN NAME Sarah E Brittles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ~~Unknown~~ World War I
16. SOCIAL SECURITY No. ~~Unknown~~ 14-87-9684
17. INFORMANT Mrs Martha Horsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis Diabetes mellitus	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cholecystitis	7 days
	(c) Coronary Thrombosis	7 days

260
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to January 18, 1950, that I last saw the deceased alive on January 18, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE M. Virginia Palmer (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/21/50
NAME OF CEMETERY OR CREMATORY George Hill
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 1/19/50
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR John A Williams ADDRESS

988 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00821

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 6 hrs 33 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Muller (Mueller)

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1-1-50

9. AGE last birthday: yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 6, Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl J. Muller

14. MOTHER'S MAIDEN NAME: Mary E. Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Carl Muller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to (Maternal) premature partial separation placenta

(c)

765 760C

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 1, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Potts M.D. Denton Md 1/1/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 2, 1950

NAME OF CEMETERY OR CREMATORY Methodist Cemetery

LOCATION (City, town, or county) (State) Near Preston Md.

DATE REC'D BY LOCAL REG. 1/2/50

REGISTRAR'S SIGNATURE M.A. Norris

24. FUNERAL DIRECTOR Nicols & Cook

ADDRESS Easton, Md

2-01-1-0-33-3-33-R

RECEIVED
JAN 13 1950
BUREAU V. S.

00822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oxford
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Georgianna (Middle) Wilson Strayer (Last) Myers

4. DATE OF DEATH (Month) January (Day) 13 (Year) 1950

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 17, 1877
9. AGE last birthday 72 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? N. P.

13. FATHER'S NAME Webster M. Strayer
14. MOTHER'S MAIDEN NAME Martha Beaven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
175 x Immediate cause	(a) Carcinoma of the ovary with	7 months
49 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastases	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 20 July 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of the ovary
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 13 Jan, 1950, that I last saw the deceased alive on 10 Jan, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE Nemo Tan Harrison (Degree or title) M.D. ADDRESS 214 E. Dover St. Easton Maryland DATE SIGNED 14 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF January 16, 1950
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Maryland

DATE REC'D BY LOCAL REG. 2/14/50
REGISTRAR'S SIGNATURE N. H. Nerrees
24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JAN 25 1950
BUREAU V. S.

00823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Allen (Last) Pierce

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH July 29-49

9. AGE last birthday yrs. If under 1 year: Months 5 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Longwood, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Pierce

14. MOTHER'S MAIDEN NAME Elsie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS James A. Pierce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

491X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1950, to 1-13, 1950, that I last saw the deceased alive on 1-13, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 1-14-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan. 16 50

NAME OF CEMETERY OR CREMATORY Barrett's Chapel

LOCATION (City, town, or county) Cordova, Rural (State) Md.

DATE REC'D BY LOCAL REG. 1/16/50

REGISTRAR'S SIGNATURE N. H. Nevrix

24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton, Md.

4-0-7-29-9-19-2-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

1/31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00824

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; Easton. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (In this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MRS. (Middle) Harriett M. (Last) Robinson

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: W White. | 7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify) | 8. DATE OF BIRTH: 11-26-91 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10b. KIND OF BUSINESS OR INDUSTRY: Nw | 11. BIRTHPLACE (State or foreign country): Delaware (Sussex Co) | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr George Moore | 14. MOTHER'S MAIDEN NAME: Sarah Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT: Mr Virgil Robertson Federalsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephrosclerosis ?

446 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized ?

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibroid uterus ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31/, 1949 to 1-9-, 1950 that I last saw the deceased alive on 1-9-, 1950 and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B Cof M.D. Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/12/50 | NAME OF CEMETERY OR CREMATORY Bloomery | LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 1/10/50 | REGISTRAR'S SIGNATURE N.H. Nerwood | 24. FUNERAL DIRECTOR J.J. Frampton Son Federalsburg Md | ADDRESS

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

1/25

00825

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 516 August St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Roe
4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 25 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Mr William D Roe
14. MOTHER'S MAIDEN NAME Annie Stooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Lillian Roe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Nephrosclerosis
446 Antecedent cause(s) (b) and Uremia
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1941, to Jan 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 3:38 p. m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Ancon Anne Md DATE SIGNED Jan. 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/1/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Talbot Co (State) Md

DATE REC'D BY LOCAL REG. 1/30/50
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR Earl W Stafford ADDRESS Easton Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06826

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 6 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville, Maryland; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) (Last) Schuyler

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 11/8/83

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: H W

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Borne

14. MOTHER'S MAIDEN NAME: Linda Hebert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT: Mrs J. Bowen Fromm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: 12 hrs

334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — Interval: ?

83a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 19 50, to 1-20, 19 50, that I last saw the deceased alive on 1-20, 19 50, and that death occurred at 10 30 A.M., from the causes and on the date stated above.

SIGNATURE: B Cof (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 1-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 23-50 — NAME OF CEMETERY OR ~~CREMATORY~~: Stone Chapel — LOCATION (City, town, or county) (State): Pikesville Balto Co Md

DATE REC'D BY LOCAL REG. 1/21/50 — REGISTRAR'S SIGNATURE: M.H. Nevins

24. FUNERAL DIRECTOR: Easton Bros Centreville Md — ADDRESS

RECEIVED
JAN 31 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

not Bd 00827

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Talbot; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak, Md.; LENGTH OF STAY (in this place): 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Baltimore City; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) Simmons

4. DATE OF DEATH: (Month) Jan. (Day) 24, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Golden Hill, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Simmons

14. MOTHER'S MAIDEN NAME: Margaret Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lucy Simmons, Royal Oak, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum — Interval Between Onset and Death: 2 yrs

154 x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Biopsy - Rectal Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 48, to 1-24-, 19 50, that I last saw the deceased alive on 1-24-, 19 50, and that death occurred at 7 h. ... m., from the causes and on the date stated above.

SIGNATURE: R Cop (Degree or title): MD ADDRESS: Easton Md DATE SIGNED: 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan 27, 1950 | NAME OF CEMETERY OR CREMATORY: Olivet Cemetery | LOCATION (City, town, or county) (State): St. Michaels, Maryland

DATE REC'D BY LOCAL REG.: Jan 26, 50 | REGISTRAR'S SIGNATURE: Mrs Robt. K. Seth | 24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels, Md.

30849

00828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 628 Goldsboro St.

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) Johanna (Last) Smith

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 5, 1888
9. AGE last birthday 61 yrs. If under 1 year Months 10 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Fred Thom
14. MOTHER'S MAIDEN NAME Paulina Maske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Avery Smith, 628 Goldsboro Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Chronic Nephritis	yrs
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	yrs
131a	(c)	Generalized Arteriosclerosis	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1947, to 1-19, 1950, that I last saw the deceased alive on 1-19, 1950, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE Morton F. Burell (Degree or title) M.H. ADDRESS Easton Md DATE SIGNED 1-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF January 23, 1950
NAME OF CEMETERY OR CREMATORY Spring Hill.
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 1/21/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Allen Clark ADDRESS Easton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 30 1950
BUREAU V. S.

00829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Virginia	(Last) Stansfield	4. DATE OF DEATH	(Month) Jan.	(Day) 12	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 20, 1871	9. AGE last birthday 78 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Augustus Hillman			14. MOTHER'S MAIDEN NAME Mary Virginia Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Charles Stansfield				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ~~Ma~~ Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the stomach	2 months +
	(c)	

15 IX
46 b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles P. Waite	MD	St. Michaels, Md	1/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 14-1950	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton	(State) Maryland
DATE REC'D BY LOCAL REG. Jan 13, 50	REGISTRAR'S SIGNATURE Mr Robt. L. Seth	24. FUNERAL DIRECTOR Norman D. Marshall	ADDRESS St. Michaels, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

OC830

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) De Waile (Last) Tharp
4. DATE OF DEATH (Month) Jan (Day) 13 (Year) 1950
5. SEX m
6. COLOR OR RACE w
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 11/27/97
9. AGE last birthday 52 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Lee Tharp
14. MOTHER'S MAIDEN NAME Metta Goldsborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Metta G. Stevens, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2 days.

331 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 yrs.

83a

(c) Hemophilia — Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1950, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 5:52 a.m., from the causes and on the date stated above.

SIGNATURE A. McC. Stevens — (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED Jan 17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 1/16/50 — NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery — LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 1/14/50 — REGISTRAR'S SIGNATURE N.H. Neeres — 24. FUNERAL DIRECTOR Earl W. Stafford — ADDRESS Easton Md

27860

RECEIVED
JAN 25 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00831

CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. G 124 FEB 15 1950

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edmund (Middle) Elbert (Last) Thomas

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 29-1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Days —, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George M. Thomas

14. MOTHER'S MAIDEN NAME: Elizabeth Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Samuel Shannahan, St Michaels Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carcinoma of the Prostate — Interval between onset and death: 18 mo.

177 Antecedent cause(s)

51 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 9th, 1950, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Millard D. Seymour M.D. — ADDRESS: Easton Md. — DATE SIGNED: 2/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: Feb 1 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG.: 1/30/50 — REGISTRAR'S SIGNATURE: N. A. Meeris

24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton, Md.

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RECEIVED
FEB 10 1950
AIRCRAFT T. R.

1/13

00832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Willis
4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 1950
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 5-1-74
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lone
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr James Willis
14. MOTHER'S MAIDEN NAME Martha Glodwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-5505
17. INFORMANT Mr Frances Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 14, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 2 55 a.m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED Jan. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 17, 1950
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 1/15/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [illegible]
ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 FEB 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00833

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Worm.
4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 28 1864
9. AGE last birthday ~~86~~ 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Worm
14. MOTHER'S MAIDEN NAME Marie Tuber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Lena Selak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 14 days

Antecedent cause(s) (b) Hypertensive Arteriosclerotic Heart Kidney Disease. — 10 years

442 131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Embolus of Rt Femoral Artery — 5 days.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 24, 1947, to January 28, 1950, that I last saw the deceased alive on 1/27, 1950, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Lindy B Pennington (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/30/50
NAME OF CEMETERY OR CREMATORY Jr. Order
LOCATION (City, town, or county) Preston Md. (State) RD

DATE REC'D BY LOCAL REG. 1/28/50
REGISTRAR'S SIGNATURE N. H. Neirues
24. FUNERAL DIRECTOR Hanny M. Hallis ADDRESS Preston Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1950
BUREAU